

Montana Central Tumor Registry

Newsletter



MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Surveillance of Demographic Characteristics and Health Behaviors Among Adult Cancer Survivors—BRFSS, US, 2009

Abstract

Problem/Condition: Approximately 12 million people are living with cancer in the United States. Limited information is available on national and state assessments of health behaviors among cancer survivors. Using data from the Behavioral Risk Factor Surveillance System (BRFSS), this report provides a descriptive state-level assessment of demographic characteristics and health behaviors among cancer survivors aged ≥ 18 years.

Results: An estimated 7.2% of the U.S. general population aged ≥ 18 years reported having received a previous cancer diagnosis (excluding nonmelanoma skin cancer). A total of 78.8% of cancer survivors were aged ≥ 50 years, and 39.2% had received a diagnosis of cancer >10 years previously. A total of 57.8% reported receiving an influenza vaccination during the previous year, and 48.3% reported ever receiving a pneumococcal vaccination. At the time of the interview, 6.8% of cancer survivors had no health insurance, and 12% had been denied health insurance, life insurance, or both because of their cancer diagnosis. The prevalence of cardiovascular disease was higher among male cancer survivors (23.4%) than female cancer survivors (14.3%), as was the prevalence of diabetes (19.6% and 14.7%, respectively). Overall, approximately 15.1% of cancer survivors were current cigarette smokers, 27.5% were obese, and 31.5% had not engaged in any leisure-time physical activity during the past 30 days. Demographic characteristics and health behaviors among cancer survivors varied substantially by state.

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Meet the Registrar



Lori Zentner, Missoula
Community Medical Center

Hi! I am Lori Zentner. I am the tumor registrar here at CMC in Missoula. I had been working as an out- then in-patient coder for many years, but never really felt like it was the right fit for me. This job opened up and I started it in June 2011 - and I haven't looked back. Lucky for me, Carol Paulsen was my trainer. I think this is a hard job to learn, so I appreciate her knowledge and patience. Debbi, Diane and Paige have also been so wonderful and helpful. I am taking the Cancer Registry course through AHIMA. I am just in the pre-requisite classes now, and will be so glad when I am done with school, and even more glad when I have that CTR certification in my hand.

I have a beautiful 22 year old daughter, Shelby, who is in Radiology school at Montana Tech - doing her clinicals in Helena. She was like her mom in the fact that she studied Chemistry and OSH, but it wasn't the right fit. Now she knows she has found her niche in the radiology field.

I love to travel, hike, walk our dog, Henry, spend time with my family/friends and cook. Anything to be outside. I took up running 2 years ago, doing the half marathon the first year. Shelby and I completed the full marathon last year. I was just tickled that I actually crossed the finish line!!

I want to do this job for the rest of my working career. I love the challenge of it and can't wait until it all makes perfect sense. It is more than just a job as I have 2 sisters who were both diagnosed with breast cancer. Thankfully, both are cancer free. Audrey Baker said she felt this work was beneficial and purposeful - and I so agree.

Phlebotomy, Blood-Thinners, Transfusions, etc.

Do **not** collect blood transfusions (whole blood, platelets, etc.) as treatment for any of these diseases. Blood transfusions are used widely to treat anemia and it is not possible to collect this procedure in a meaningful way.

Note: This is a new instruction for cases diagnosed 1/1/2012 and later.

Collect phlebotomy for polycythemia vera **ONLY**.


Note: This is an addition to the 2010 instructions.

Collect blood-thinners and/or anti-clotting agents for

- 9740/3 Mast cell sarcoma
- 9741/3 Systemic mastocytosis
- 9742/3 Mast cell leukemia
- 9875/3 Chronic myelogenous leukemia BCR/ABL1 positive
- 9950/3 Polycythemia vera
- 9961/3 Primary myelofibrosis
- 9962/3 Essential thrombocythemia
- 9963/3 Chronic neutrophilic leukemia
- 9975/3 Myelodysplastic/myeloproliferative neoplasm, unclassifiable

Note: This is an addition to the 2010 instructions.

RMCDs Updates



Documenting information about other primary tumors for a patient is vital to sequence each case properly. Sequencing cancers is important to measure survival and quality of life as multiple cancers or histories of cancer can impact treatment decisions.

A field unique to RMCDs users: Other Primary Tumors is being phased out in the RMCDs abstracting screens.

This field is not supported by NAACCR and doesn't get submitted when transmitting cases to the MCTR. You may fill in this field when abstracting, but when cases are sent to the state, this field is not included. There is no comparable NAACCR field to input this text into.

As your abstracting screens are updated, you may notice this field disappear.

Instead, use Text—Remarks to document information about other primaries.

Certificate of Excellence Recipients

The following facilities received a certificate for the 2011 Fourth Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

<u>Facility</u>	<u>City</u>
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Physicians:

Advanced Dermatology of Butte
Dermatology Assoc of Great Falls
Associated Dermatology
Dermatology Associates

Butte
Great Falls
Helena
Kalispell

Hospitals:

Billings Clinic
Bozeman Deaconess Hospital
Stillwater Community Hospital
Rosebud Health Care Center
Glendive Medical Center
Sletten Cancer Center
St. Patrick Hospital
Clark Fork Valley Hospital
St. Joseph Medical Center

Billings
Bozeman
Columbus
Forsyth
Glendive
Great Falls
Missoula
Plains
Polson

Pathology:

Yellowstone Pathology Institute

Billings



New Drug

Ruxolitinib is coded as chemotherapy. It received FDA approval 11/16/2011 for treatment of Myelofibrosis. It has been designated an Orphan Drug. This agent will be added in the next SEER*Rx update (April 2012).

Source: AskSEERCTR
The SEER Data Quality Team

Survivors, cont. from page 1

Interpretation: Health behaviors and preventive health care practices among cancer survivors vary by state and demographic characteristics. A large proportion of cancer survivors have comorbid conditions, currently smoke, do not participate in any leisure-time physical activity, and are obese. In addition, many are not receiving recommended preventive care, including cancer screening and influenza and pneumococcal vaccinations.

Public Health Action: Health-care providers and patients should be aware of the importance of preventive care, smoking cessation, regular physical activity, and maintaining a healthy weight for cancer survivors. The findings in this report can help public health practitioners, researchers, and comprehensive cancer control programs evaluate the effectiveness of program activities for cancer survivors, assess the needs of cancer survivors at the state level, and allocate appropriate resources to address those needs.

Full text can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6101a1.htm>

Scope of Regional Lymph Node Surgery

Clinical investigators working in collaboration with staff at the National Cancer Data Base raised concerns regarding the validity of reported data describing the type of regional lymph node surgery performed for patients undergoing breast cancer operations.

Multiple agencies/organizations, including the American College of Surgeons Commission on Cancer (CoC), National Cancer Institute's Surveillance Epidemiology and End Results (SEER) program, the Centers for Disease Control and Prevention's National Program for Cancer Registries (NPCR), and NAACCR concluded that sentinel lymph node biopsies for breast cancer have been significantly under-reported using current coding instructions for the data items RX Hosp—Scope Reg LN Sur (NAACCR Item # 672) and RX Summ—Scope Reg LN Sur (NAACCR Item #1292).

A report was written that includes a description of the origin and scope of the problem, plans from each agency to address the issue, and revised coding directives to be used for cases diagnosed January 1, 2012 and later. The coding directives in the report will be incorporated into **FORDS: Revised for 2012** and the **SEER Coding Manual for 2012**. The report may be accessed at the following link: <http://www.facs.org/cancer/coc/fordsmanual.html>.